

Montana Board of Professional Engineers and Land Surveyors
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, MT 59620-0513
Phone: (406)841-2017 or (406)841-2351
Fax: 406-841-2309
E-MAIL: dlibsdpels@mt.gov
WEBSITE: www.engineer.mt.gov or www.landsurveyor.mt.gov

CERTIFICATE OF AUTHORIZATION APPLICATION

Written notification will be sent within 14 working days of receipt of the application advising of the status of an application.

GENERAL INSTRUCTIONS: This application is used for obtaining a certificate of authorization to offer to or practice engineering and/or land surveying as a business entity in the State of Montana.

SPECIAL LICENSE REQUIREMENTS:

Business entity (corporations, professional corporations, partnerships, firms, and sole proprietorship) must also be registered with the Montana Secretary of State as an entity doing business in Montana. You may contact them at: (406) 444-2034 or at: www.sos.mt.gov

The business entity must employ a Montana licensed Professional Engineer and/or Professional Land Surveyor who will be in responsible charge of the projects done in Montana.

FEES: Payment of fees shall be by money order, personal check or certified check, payable to the Montana Board of PELS. APPLICATION FEES ARE NON REFUNDABLE. Please do not send cash.

Certificate of Authorization Application \$60.00

- ✓ **CHANGES IN INFORMATION SUBMITTED ON APPLICATION:** If a change occurs in any information submitted on this application within the term of the authorization, the Firm, Partnership or Corporation, please notify the Board in writing.

Revised 05/2008

**MONTANA BOARD OF PROFESSIONAL
ENGINEERS AND LAND SURVEYORS**

301 South Park, 4th Floor

PO BOX 200513

Helena Montana 59620-0513

Phone: (406) 841-2367, Fax: (406) 841-2309

Email: dlibsdpel@mt.gov

OFFICE USE ONLY

CERTIFICATE NUMBER: _____

**APPLICATION FOR CERTIFICATION OF AUTHORIZATION TO PRACTICE
ENGINEERING AND/OR LAND SURVEYING BY A SOLE PROPRIETOR,
PARTNERSHIP, CORPORATION, OR FIRM**

APPLICATION FEE: \$60.00

A. GENERAL INFORMATION

Full Business Name: _____

Mailing Address:

_____	_____	_____
City	State & Zip	Country

_____	_____
Telephone: ()	Fax ()

Email Address _____

	YES	NO
B. PARTNERSHIP	<input type="checkbox"/>	<input type="checkbox"/>
C. PROFESSIONAL CORPORATION	<input type="checkbox"/>	<input type="checkbox"/>
D. CORPORATION - Other than a Professional Corporation <i>(Limited Liability Corporations/Limited Liability Partnerships/S-Corps, etc)</i>	<input type="checkbox"/>	<input type="checkbox"/>
E. SOLE PROPRIETORSHIP	<input type="checkbox"/>	<input type="checkbox"/>

F. STATE OF ORIGINAL INCORPORATION _____

G. PROFESSIONAL SERVICES OFFERED IN MONTANA: (Please check only one)

- _____ **Engineering**
_____ **Land Surveying**
_____ **Engineering and Land Surveying**

H. NAME AND LICENSE NUMBER OF THOSE IN RESPONSIBLE CHARGE OF ENGINEERING AND/OR LAND SURVEYING:

Licensee's Name	License Number	Address	City, State Zip

- | | | YES | NO |
|----|---|--------------------------|--------------------------|
| 1. | Has a licensing agency ever taken adverse or disciplinary action against your license?
If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has any legal or disciplinary action been filed against your firm, which relates to the propriety of, or fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds.

Printed Name: _____

Revised 05/2008

Signature: _____ Date _____

Title: _____